

PUNCHED
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0472

CERTIFICATE OF DEATH

REGISTRAR'S NO.

102

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 mo</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>				
	C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Thatcher</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Georgian Court Nursing Home</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>North of Town</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>Nancy</u>			A. (FIRST) <u>Nancy</u> B. (MIDDLE) <u>Phillips</u> C. (LAST) <u>Phillips</u>		4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widow</u>	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>8</u> YEAR <u>1888</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>74</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>0</u>	IF UNDER 24 HRS. HOURS <u>0</u> MIN. <u>0</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Homemaker</u>	
	9B. KIND OF BUSI- NESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u> (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <u>None</u>		
	14A. FATHER'S NAME <u>S.J. Sims</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>		15A. MOTHER'S MAIDEN NAME <u>Martha Susan Oulter</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Virginia</u>		
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <u>Mrs. Mildred Hamblen - 1621 W. Indianola - Phx</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>January 5 1963</u>				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>		
	PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10-30-62</u> TO <u>1-5-63</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>12-18-62</u> , AND THAT DEATH OCCURRED AT <u>10:30 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>Chas E. Carney</u> (DEGREE OR TITLE)				22B. ADDRESS <u>Meowix, Ariz</u>		22C. DATE SIGNED <u>1-7-63</u>
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED				
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>1/8/63</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Thatcher Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Thatcher Arizona</u>		
	26A. DATE REC. BY LOCAL REG. <u>1/7/63</u>		26B. REGISTRAR'S SIGNATURE <u>Bethany Chapel</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Chas E. Carney</u>		27B. ADDRESS <u>Phoenix, Arizona</u>		
					28A. EMBALMER'S SIGNATURE <u>Chas E. Carney</u>		28B. EMBALMER'S CERT. NO. <u>362A</u>		